La Capitol FEDERAL CREDIT UNION

Payroll Instructions
Direct Deposit, Deduction, & Distribution

P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • PHONE: 800-522-2748 or 225-342-5055 • FAX: 800-297-2717 or 225-342-9135

MEMBER-This form instructs La Cap to deposit your incoming pay to a primary account (Savings or Checking), then deposit the dollar amounts you indicate here to your other La Cap accounts. This authorization will remain in effect until changed by you in writing.

PLEASE PRINT

Name _____ Member # _____

Mailing Address _____
Street or P.O. Box City, State, Zip

Home Phone (____) _____ Work Phone (____) _____ Soc. Sec. # _____

Employer (If retired, the source of funds. i.e. LASERS, TRSL, etc.) _____ Email _____

To my Payroll Supervisor **This is a (check one):**

❑ **NEW DEDUCTION** This form must accompany a membership application unless you are already a La Cap member.
I hereby authorize you to deduct, for La Cap, a **TOTAL OF** $ _____ from each paycheck, as soon as possible.

❑ **CHANGE IN PRESENT DEDUCTION**
I hereby cancel any prior La Cap Payroll Deduction and authorize you to begin deducting, for La Cap, a **TOTAL OF** $ _____ from each paycheck as soon as possible.

❑ **DIRECT DEPOSIT**
La Cap's Routing Number: **265473582**

Remember to include a voided check from your account if this is going to your Payroll Supervisor.

Account Type (Select one and provide account number.)

❑ Checking - Account #: _____ (MICR Number) ❑ Savings - Account #: _____ (Member Number)

La Cap Employee Verification by: Print Name _____ Signature X _____

Primary Account for incoming deposit

Please distribute my funds being sent to La Cap as follows: *(Please indicate dollar amount and two-digit account # if applicable)*

■ My Accounts

$_____ Regular Savings Acct. # _____
$_____ Special Savings Acct. # _____
$_____ Christmas Club Acct. # _____
$_____ Vacation Club Acct. # _____
$_____ IRA Acct. # _____
$_____ Checking Acct. # _____

■ Loans

$_____ Loan Payment / Acct. # _____
$_____ Loan Payment / Acct. # _____

■ Other Accounts

Member name _____
$_____ Member # _____
Member name _____
$_____ Member # _____

■ Other Requests

Other _____

I understand these instructions will remain in effect until changed or cancelled by me.

Signature (X) _____ **Date** _____

For La Cap use Only

Received by (Teller #) _____ Branch _____ Date _____
Effective with payday of _____ Payroll Group # _____
Keyed by (Teller #) _____ Date _____

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